CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

AMERIPATH INDIANA 2560 N SHADELAND AVE STE A INDIANAPOLIS, IN 46219

CLIA ID NUMBER 15D1002565

EFFECTIVE DATE

10/15/2022

EXPIRATION DATE

10/14/2024

LABORATORY DIRECTOR

RICKINDER S BAINS D.O.

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Monique Spruill, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

Certs2 092022

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE) **EFFECTIVE DATE**

GENERAL IMMUNOLOGY (220) 12/10/2007 HISTOPATHOLOGY (610) 10/15/2002 CYTOLOGY (630) 07/22/2003



LAB CERTIFICATION (CODE)



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER. PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE. CLIA ID Number: 15D1002565

AMERIPATH INDIANA
ATTN ARIANA JONES/ANTHONY GARBER
2560 N SHADELAND AVE STE A
INDIANAPOLIS, IN 46219

STATE AGENCY ADDRESS AND PHONE NUMBER:

INDIANA STATE DEPARTMENT OF HEALTH DIVISION OF ACUTE CARE SERVICES 2 NORTH MERIDIAN ST RM 4A INDIANAPOLIS, IN 46204 (317)233-7502

LABORATORY MAILING ADDRESS: